Montana Mental Health OMBUDSMAN'S Report • 2003

Bonnie Adee, Mental Health Ombudsman

Message

FROM THE MENTAL HEALTH OMBUDSMAN

On July 22, 2003 the President's New Freedom Commission on Mental Health published its final report. In the report the Commission tells the President "after a year of study, and after reviewing research and testimony, the Commission finds that recovery from mental illness is now a real possibility." The bad news reported by the Commission is "today's mental health care system simply manages symptoms and accepts long-term disability." The Commission recommends a fundamental transformation of the Nation's approach to mental health care.

On the same day, Health and Human Services Secretary Tommy G. Thompson responded to the Commission's Report: "Our challenge is to build a mental health care system that is both consumer and family driven and focused on recovery and resilience. We will be looking in particular at the programs cited by the commission as models of mental health care transformation. Our aim will be to identify ways in which the best elements of these models can be brought to scale nationwide."

What is Montana's response to the New Freedom Commission Report? How can Montana's mental health system become more consumer and family driven and focused on recovery and resilience? How many of the model programs cited by the commission are available in Montana? What other systems used by persons with mental illness could become more responsive and recovery oriented?

The 58th Montana Legislature and the executive agencies made some changes to the mental health system even before this report was published. The Department of Public Health and Human Services created the Children's Mental Health Bureau to separate children's services from adult services. Proponents of the change believe it will increase the state's focus on children's unique mental health needs. Opponents say it will make transitioning from one system to the other even more difficult. In one bill the Montana Legislature declared "it is the policy of the state to provide for and encourage the development of a stable system of care, including quality education, treatment and services for the high-risk children of this state with multi-agency needs, to the extent that funds are available." The new law goes on to establish a children's system of care planning committee with responsibility to implement this policy.

In other legislation the Department of Public Health and Human Services is directed to "develop a plan by January 31, 2004, for the transition to the administration of the delivery of public mental health services by service area authorities." The idea behind creating three regional service area authorities is to bring mental health care decision-making closer to the users of the services. Proponents view the service area authorities as a genuine opportunity for consumers and families to participate in developing policy about mental health services, while opponents fear additional administrative costs at the expense of direct services.

The Governor and the Legislature increased the budget for Medicaid mental health services due to projected caseload increases. Funding for the Mental Health Services Plan was reduced but not eliminated and a prescription drug benefit was maintained. The Legislature authorized a new type of service provider, the behavioral health inpatient facility (BHIF), proposed by the Department. The BHIF, which may be either freestanding or a distinct part of a licensed hospital, will be used as a community alternative to Montana State Hospital for commitment.

Montana's vision for its mental health system aligns with the President's New Freedom Commission Report. We have the opportunity to implement this vision and move closer to a recovery-focused, community-based system.

The Commission report and press release are available at www.mentalhealthcommission.gov.

How to Reach Us

The Ombudsman Office is open from 8 a.m. to 5 p.m. Monday through Friday. You may leave a voice message anytime.
Toll Free: **1-888-444-9669** FAX: **(406) 444-3543**
EMAIL: **badee@state.mt.us**

"I want only what you want, a life of my own."

The Mental Health Ombudsman makes recommendations based on actual cases or situations. While those who contact the Ombudsman represent only a small percentage of users of the public mental health system, the problems or issues they present may pertain to individuals from whom we did not hear. The following recommendations come from cases received in 2003:

A youth who received services from the mental health system and the DD system in out-of-home settings away from his family is without access to services as a young adult and without skills to live successfully in the community.

- ***The Ombudsman recommends assessment of and planning for transition needs be required of children's providers who serve youth who turn 17. Transition services for SED youth between ages 18 and 21 should be developed.***

A youth who received counseling is considered to have a pre-existing condition when applying for an insurance policy. An adult with impaired functioning has only limited insurance coverage for mental health treatment, even after receiving the diagnosis of a major mental illness from a psychiatrist.

- ***The Ombudsman recommends that health insurance carriers identify and remove barriers to the screening, diagnosis and treatment of mental disorders for their insured.***

A parent with serious mental illness faces termination of parental rights by the Child and Family Services Division, but does not feel her treatment plan takes into account and accommodates her disability.

- ***The Ombudsman recommends more training for CFS staff about the symptoms and treatment of serious mental illness and how these might affect a person's ability to complete requirements of a treatment plan.***

A person with a mental illness is incarcerated following a probation violation, but does not receive psychiatric medication because he was not taking any when he went back to jail.

- ***The Ombudsman recommends improved screening, diagnosis and treatment of incarcerated persons. Lack of access to or compliance with treatment often leads to probation violations and may even contribute to the original infraction.***

A mentally ill person receives services from a mental health center. He also needs treatment for a serious drug problem, but must go to a different provider to receive it. His mental health providers are not well informed about his drug problem, his treatment, and what triggers his use and abuse. Likewise, his substance abuse provider is not well informed about his mental illness, his treatment and how it interacts with his substance abuse.

- ***The Ombudsman recommends increased training to identify and treat co-occurring disorders in individuals in the mental health system. Each system should be better integrated with the other so that there is "no wrong door". Co-occurring disorders are the expectation not the exception.***

Recommendations

A person released from prison in another state returns home to his wife in Montana with seven days of psychiatric medication and a long wait for mental health coverage and access to a prescriber.

- ***The Ombudsman recommends timely access to medication and treatment for individuals eligible for coverage, particularly those leaving a correctional setting and those who are homeless or otherwise at risk.***

A person with the Mental Health Services Plan cannot afford her medications because they cost more than the amount covered each month.

- ***The Ombudsman recommends continuing an adequate pharmacy benefit for non-Medicaid adults in the Mental Health Services Plan.***

A person goes to the pharmacy to refill a prescription and is told she is no longer enrolled in the Mental Health Services Plan. This person does not receive services from a mental health center but has a prescriber and medication coverage.

- ***The Ombudsman recommends improved tracking of all those enrolled in the Mental Health Services Plan, not just those using mental health center services.***

A person believes the heart problem she received treatment for was caused by stress from her untreated mental illness.

- ***The Ombudsman recommends improving the identification of mental illness in primary care settings as well as integrating its treatment in those settings.***

The Mental Health Ombudsman makes additional recommendations about the public mental health system based on direct observation and experience:

- ***The Ombudsman recommends better coordination of mental health services with tribal governments and Indian Health Services as well as more outreach and culturally sensitive services from Montana's mental health providers.***
- ***The Ombudsman recommends more coordination of suicide prevention efforts between public health programs and the mental health system, providing greater access to screening, diagnosis and treatment of serious mental illnesses .***
- ***The Ombudsman recommends the public mental health system focus on services with proven effectiveness that close the gap between research and practice.***
- ***The Ombudsman continues to recommend increased access to mental health care for children.***
- ***The Ombudsman continues to recommend developing more community-based services.***
- ***The Ombudsman continues to recommend programs to divert people with serious mental illness away from the criminal justice system.***

Our Mandate

"The Ombudsman shall represent the interests of individuals with regard to the need for public mental health services, including individuals in transition from public to private services." 2-15-210 (3), MCA

Trends in the Issues: Looking at four years

The Montana Legislature created the Office of the Mental Health Ombudsman during the same session it terminated the state's contract for managed mental health care. From the first phone call on August 2, 1999, the Mental Health Ombudsman has collected information about who contacts the office and for what reasons. During all four years, the number one reason people called the Ombudsman was to get help accessing mental health care**.** During the first year, half of the calls were about this issue. Over the next three years, these calls decreased to 40% of all contacts. Because of the volume of concerns about access to care, it is important to look at what barriers to care people experience.

Access to Care

One positive trend is improvement of the application processes for various public programs offering mental health coverage. People had fewer problems applying, meeting eligibility criteria or getting services authorized. In addition, needed services were more available. While people reported problems with re-enrollment in the Mental Health Services Plan this year after community mental health centers became responsible for that process, those problems have been identified and are being addressed.

Some barriers to care can be linked directly to policy changes. When coverage of psychiatric medication was capped at $250/month for the Mental Health Services Plan, more people contacted the Mental Health Ombudsman's Office unable to get their psychiatric medication. Soon the state will increase medication coverage to $425/month. After reimbursement for room and board was eliminated from the coverage for some out-of-home placements, some children lost access to those services. The Ombudsman still hears about children who might benefit from those services but can't access them.

Access to Care

CONCERN	2003	2002	2001	2000
Authorization of services	1%	3%	3%	3%
Availability of Services	3%	3%	6%	6%
Services for mental illness and DD	2%	2%	2%	2%
Services for mental illness and CD	1%	2%	1%	1%
Enrollment Cap	1%	1%	2%	1%
Insurance: inadequate or lack of parity	4%	3%	4%	1%
Lack of Medication	7%	4%	2%	5%
Application Process	2%	3%	5%	6%
Lack Clinical Eligibility	0%	2%	1%	1%
Lack Financial Eligibility	2%	3%	5%	8%
Reenrollment problem	6%	1%	0%	3%
Lack of Psychiatrist	1%	3%	1%	3%
Services in School	2%	3%	1%	2%
Services not Covered	4%	5%	1%	0%
Lack of Transportation	1%	1%	4%	1%

For individuals with insurance policies, barriers to accessing mental health care include lack of coverage for the services needed and coverage limits. In 2003 all the calls to the Mental Health Ombudsman about insurance issues involved children. Parents often described a child with severe behaviors and a long history within various systems. They spoke of being unable to afford treatment, although they recognized the need for it. These parents earned too much money to qualify for either CHIP or Medicaid.

In 2003 fewer people contacted the Mental Health Ombudsman asking for help accessing mental health care in the criminal justice system, but more of the contacts this year were about youth. In the jail setting, the problem identified was lack of access to a psychiatrist or even a mental health professional, except for forensic evaluations. In prison, complainants usually disagreed with either their diagnosis or their treatment. Fifty percent of the contacts were from people in community settings (on probation, parole or in pre-release programs) needing access to mental health care and half of those were youth involved with the juvenile justice system.

Trends in Issues Reported to the Mental Health Ombudsman

ISSUE	2003	2002	2001	2000
Access to Care	38%	38%	40%	50%
Child & Family Services	3%	4%	4%	2%
Commitment	1%	4%	5%	4%
Criminal Justice	7%	9%	9%	5%
Discrimination/ ADA	3%	2%	2%	1%
Employment	1%	1%	1%	0
Financial	7%	5%	6%	10%
Housing	4%	2%	1%	1%
Legal	5%	6%	1%	2%
Other	2%	2%	6%	8%
Patient Rights	2%	3%	2%	0
Provider Concerns	3%	3%	1%	1%
Social Security	4%	3%	2%	1%
Treatment	4%	5%	2%	1%
Unknown	0%	0%	1%	2%

Other issues for persons with mental illness

In addition to access to care, the Mental Health Ombudsman hears about other issues that affect persons with mental illness. This year we heard from fewer people with concerns about civil commitment than in past years perhaps because of a recent directive from the Montana Supreme Court to public defenders about their responsibility to represent the wishes of the respondent in these cases. The percentage of people asking for help with unpaid or contested bills increased this year. So did the percentage of people who had problems finding or retaining public housing as well as those who alleged they were discriminated against because of their mental illness. Concerns about Social Security disability applications, denials, or payee problems increased 1% in each of the past four years. The percentage of people with legal problems and questions about treatment remained the same as last year, but increased significantly from the first two years of tracking.

Complaints

For the third year in a row, the Office of the Mental Health Ombudsman received fewer complaints this year than in the previous year. While the greatest number of complaints was still about licensed mental health centers, most of the complaints were not substantiated. A complaint received for the first time this year was about nursing homes not readmitting residents with psychiatric/behavioral problems who had been treated in acute care settings. The Mental Health Ombudsman worked with the Long Term Care Ombudsman to resolve these complaints. A total of 7 complaints alleged that a discharge was inappropriate while only 3 complaints alleged abuse.

Complaints Against

24

Who We Are

Bonnie Adee, Mental Health Ombudsman

Bonnie was appointed to a four-year term as Mental Health Ombudsman in 1999 by former Governor Marc Racicot. On August 1, 2003 she was reappointed to a second term by Governor Judy Martz. Bonnie has two Master's Degrees, one in education and one in health care administration. During her seventeen years at St. Peter's Hospital in Helena, Bonnie was director of Helena's hospice program and later Director of Behavioral Health Services. Bonnie completed a three-year term on the Helena School Board, and now serves on the Board of Directors of St. Peter's Hospital. Her two grown children are away at school.

Brian Garrity, Program Specialist

Brian joined the staff in October, 1999, and works half-time. Previously, Brian was a member of the Board of Directors of the Mental Health Association of Montana, vice-chair of the Mental Health Oversight Advisory Council, and a member of the Co-occurring Disorder Task Force and Work Group. He is currently a member of the PACT Advisory Council and a mentor in the NAMI Peer-to-Peer Program. Brian has been an active advocate for people with mental illness, a role enhanced by his own open history and perspective as an individual with mental illness.

What does an Ombudsman do?

First, the Ombudsman equalizes the power of the complainant with that of the administrative agency or provider.

Second, the complainant is assured that his or her concern will be objectively and impartially reviewed by a third party.

Third, if requested or required, the individual receives the assistance of the Ombudsman in resolving a problem or getting a concern heard.

And fourth, the Ombudsman may bring about changes only by recommendation, persuasion or publicity.

The Ombudsman does not replace, but rather supplements, other means available to an individual for problem resolution.

Services

The most frequent service the Mental Health Ombudsman provides to a caller is information and/or coaching. Many individuals are able to resolve concerns themselves with more information, support and direction. Almost 60% of the people who contact the office receive this service in from one to five contacts with the Ombudsman.

Some callers need more assistance to resolve their concern. The Ombudsman asks the person to give us permission to access specific protected or confidential information and to make contacts on their behalf. This authorization step is necessary due to federal and state laws that protect the individual's privacy. Many issues can be resolved satisfactorily with the assistance of the Ombudsman.

Other callers need a referral to another agency, program, or source of help. Their concerns can be addressed more appropriately by another resource. The Ombudsman office stays informed about resources in many areas and tries to refer people to their best source of help for a given issue.

Finally, some problems require extensive investigation and analysis. For those few cases (9 in FY2003) the Mental Health Ombudsman writes an investigative report that includes findings and recommendations.

In addition to the above services, the Ombudsman serves on work groups at the request of state agencies and provides testimony to legislative committees in order to "represent the interests of individuals with regard to the need for public mental health services."

is now a real possibility."

Resources

Bazelon Center for Mental Health Law
http://www.bazelon.org
Drug Information, MEDLINEplus - National Library of Medicine
http://www.nlm.nih.gov/medlineplus/druginformation.html
Drug Patient Assistance Programs - RxHope
http://www.rxhope.com/programinfo/main.asp
MAP - Montana Advocacy Program
http://www.mtadv.org
MMHA - Montana Mental Health Association (formerly MHAM)
http://www.mhamontana.org
NAMI - The Nation's Voice on Mental Illness
http://www.nami.org
NMHA - National Mental Health Association
http://www.nmha.org
National Mental Health Consumers' Self-Help Clearinghouse
http://www.mhselfhelp.org
PLUK - Parents, Let's Unite for Kids
http://www.pluk.org
SAMHSA'S National Mental Health Information Center (formerly KEN)
http://www.mentalhealth.org

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